MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

20750

1. PLACE OF DEATH

96 County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6L48 B. — Registered No. 190 a

City Jefferson Barracks, Mo (No. U.S. Veterans' Administration Hospital St. Ward)

2. FULL NAME Benjamin F. Irvin.

(a) Residence, No. West Frankfort, Ills. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Un yrs. kn mos. own ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Deltha Irvin.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26, 1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	43	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Miner. 11

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable.

10. Date deceased last worked at this occupation (month and year) Unavailable.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable. 2 Illinois.

FATHER

13. NAME Unavailable.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable. 31 Unavailable.

MOTHER

15. MAIDEN NAME Unavailable.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable. Unavailable.

17. INFORMANT (ADDRESS) C. H. SMITH, M.D., Clinical Director. U.S. Veterans' Adm. Hospital, Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Vernon Ill. DATE June 9, 1932

19. UNDERTAKER (ADDRESS) Chas. P. Winfree Mt. Vernon Ill.

20. FILED June 9, 1932 L. C. Abrod M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1932. 19

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1932, 19, to June 9, 1932, 19

I last saw him alive on June 9, 1932, 19 Death is said to have occurred on the date stated above, at 7:10 A.M.

The principal cause of death and related causes of importance were as follows:

Uremia. — Date of onset

131 132 B 131

Other contributory causes of importance:

Chronic Nephritis. (1)

Name of operation - - - - - - - Date of

What test confirmed diagnosis? Physical, x-ray & Laboratory Findings. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

Address W. C. GIBSON, Medical Officer in Charge, U.S.V.A. Hospital, Jefferson Brks, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. No. 2.

JUN 27 1932